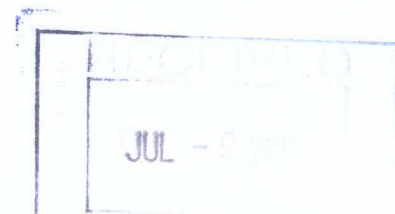




NOI

**Notice of Intent to be Covered Under EPA's NPDES Permit
for Federal Aquaculture Facilities and Aquaculture
Facilities Located in Indian Country within the Boundaries
of the State of Washington**

General Permit WAG130000



***In addition to the requirements in the following pages, a
complete application must also include the following:***

- ☒ 1) An area map showing regional context
- ☒ 2) A sketch, aerial photograph, or map of the existing or proposed facility with the following clearly marked (include scale):
 - ☒ Approximate overall dimensions of the facility
 - ☒ All raceways and rearing ponds
 - ☒ All water sources and water flow rates
 - ☐ Any settling ponds, including dimensions and volume
 - ☒ All discharge points and receiving waters
 - ☒ All water flow paths
 - ☒ Sludge disposal areas
 - ☐ Water conditioning units
 - ☒ Water treatment units (such as off-line settling basins)
 - ☐ Holding tanks
 - ☐ Locations where flows are measured
 - ☐ Points of chemical and therapeutic drug addition
 - ☐ Points of feed addition
 - ☐ Painted or caulked surfaces in contact with water
- ☒ 3) A sketch, aerial photograph, or map of all satellite facilities that are part of your hatchery program, in relation to the facility for which you are seeking NPDES permit coverage
- ☒ 4) A map to accompany driving directions to the facility (if address is not posted or visible on-site)
- ☒ 5) A completed signature page

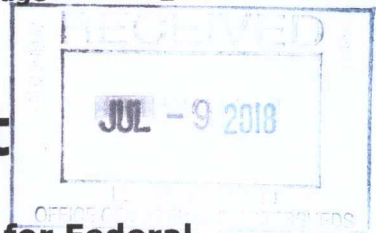
USEPA REG



0000516



Notice of Intent



To comply with NPDES General Permit No. WAG130000 for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington

Permit Number for your facility (if already enrolled in this permit):

Other permit number(s), date, and issuing agency:

WA0026328 9/01/12 (Administratively extended 4/11/17), USEPA

Section 1. Owner/Operator Information

Owner Name: Pacific Aquaculture, Inc. (PAI)	Title: John Bielka, General Manager
Phone: 509.631.1567	Fax: 509.634.4442
Email: JBielka@pacseafood.com	

Owner Mailing Address

Line 1: 3378 Columbia River Road		
Line 2:		
City: Nespelem	State: WA	Zip: 99155

Operator Information

Owner Name: same	Title: Bill Clark, Site Manager
Phone: 509.634.4446	Fax: 509.634.4442
Email: BClark@pacseafood.com	

Operator Mailing Address

Line 1: 3378 Columbia River Road		
Line 2:		
City: Nespelem	State: WA	Zip: 99155

Section 2. Facility Information

Facility Name:	Pacific Aquaculture, Inc., Rufus Woods Lake Brood Stock Facility		
Tribal or Federal Facility?	<input type="checkbox"/> Tribal	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> Other <u>Private</u>
Is the facility located in Indian Country?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Notes:	within the boundaries of the Reservation of the Colville Confederated Tribes		

Facility Mailing Address

Line 1: 3378 Columbia River Road		
Line 2:		
City: Nespelem	State: WA	Zip: 99155

Facility Physical Address

Line 1: 3560 Columbia River Road		
Line 2:		
City: Nespelem	State: WA	Zip: 99155
County/Reservation: Okanogan County/Reservation of the Colville Confederated Tribes		

Please provide driving directions to the facility from the nearest town or city. Attach a separate page if needed. Include a map to accompany these directions if the address is not posted or visible on-site.

From Omak: take SR 155 east to Nespelem (a distance of approximately 36 miles).

From Nespelem: travel south on SR 155 for a distance of approximately 2 miles to Columbia River Road (Panama Canyon). Turn right (west) on Columbia River Road for a distance of approximately 5 miles to the Pacific Aquaculture Site #2 entrance driveway at 3560 Columbia River Road. The total distance from Nespelem to the site is approximately 6.8 miles.

Is there a locked gate or barrier that prevents access via car to the facility? ☒ Yes ☐ No

Notes: There is (or will be) a gate at the entrance to Site #2 where the brood stock facility will be located. The gate will generally be open during business hours. If not, contact the Pacific Aquaculture, Inc. Site #1 office at 509.634.4446 for someone to unlock the gate.

Nespelem, Washington 99155 to River Rd

Drive 6.8 miles, 10 min



via WA-155 S and River Rd
Fastest route

10 min
6.8 miles



via Schoolhouse Loop Rd and River Rd

11 min
6.5 miles

Section 2. Facility Information (cont'd)

Is this an existing facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of first discharge:
Is this a planned/proposed facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, estimated construction start date: July 29, 2018	Estimated construction end date: March 1, 2019	
Date(s) facility remodeled, expanded, or upgraded (MM/DD/YYYY): N/A		
Have there been any changes or additions to the facility that will increase it to more than 100,000 lbs of annual production since the last permit application? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: N/A		
Are there any planned remodels, additions, or expansions that will increase annual production to over 100,000 lbs during the next 5 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe:		

Section 2. Facility Information (cont'd) Satellite Facilities

Please describe any satellite facilities that operate in tandem with the NPDES-permitted facility as part of the hatchery program. This may include off-site acclimation ponds, net pens, other hatcheries that fish are transported to or from, facilities from which eggs are delivered, etc.

Attach a sketch, aerial photograph, or map to show where any satellite facilities are located in relation to the facility for which you are seeking NPDES coverage in this application.

Submit additional pages as necessary to cover all additional facilities.

Label additional pages: Satellite Facilities/Hatchery Program

Name of facility: PAI North Bend Hatchery
Describe the function of satellite facility and how it relates to the facility for which this NOI is requesting NPDES coverage. Include the species raised and life stage for each facility that is part of the hatchery program. Fertilized eggs generated at the Site #2 brood stock facility will be transported to one of two existing and fully-permitted hatcheries owned and operated by Pacific Aquaculture, Inc. (PAI) in North Bend (King County) and Shelton (Mason County), WA. The eggs will hatch and grow to smolt size at the hatcheries, then be transported by truck back to Nespelem to stock PAI's three steelhead trout floating net pen operations on the upper Columbia River, within the boundaries of the Reservation of the Colville Confederated Tribes.

Satellite Facility Physical Address

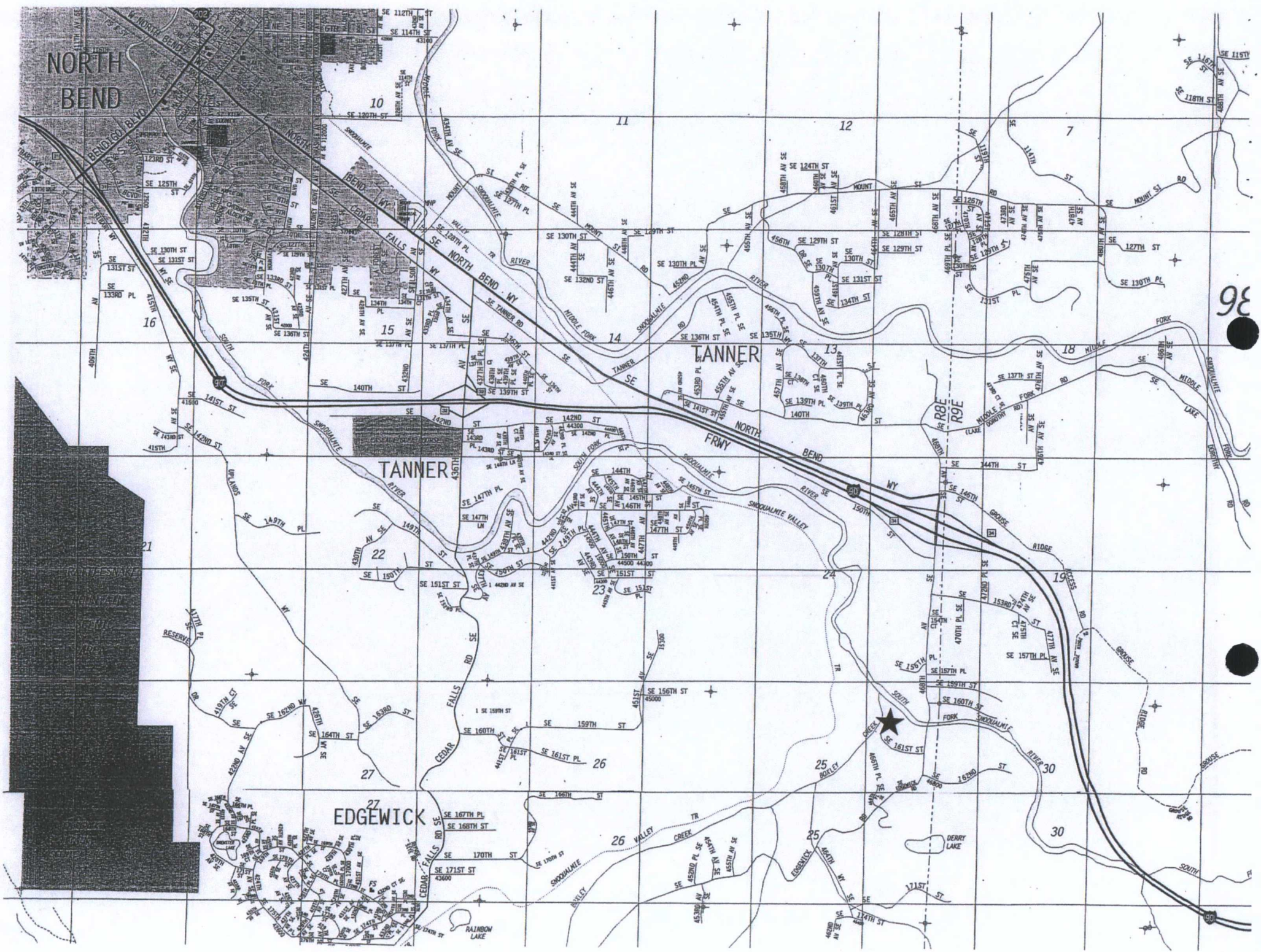
Line 1: PAI North Bend Hatchery		
Line 2: 46710 SE 161st Street		
City: North Bend	State: WA	Zip: 98045
County/Reservation: King County		

Satellite Facility Operator Information

Agency/Tribe/Entity: Pacific Aquaculture, Inc.	Name of Facility Manager: Richard Yang
Phone: 425.270.9319	
Email: RYang@pacseafood.com	

Satellite Facility Operator Mailing Address

Line 1: PAI North Bend Hatchery		
Line 2: 46710 SE 161st Street		
City: North Bend	State: WA	Zip: 98045



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Section 2. Facility Information (cont'd) Satellite Facilities

Please describe any satellite facilities that operate in tandem with the NPDES-permitted facility as part of the hatchery program. This may include off-site acclimation ponds, net pens, other hatcheries that fish are transported to or from, facilities from which eggs are delivered, etc.

Attach a sketch, aerial photograph, or map to show where any satellite facilities are located in relation to the facility for which you are seeking NPDES coverage in this application.

Submit additional pages as necessary to cover all additional facilities.

Label additional pages: *Satellite Facilities/Hatchery Program*

Name of facility:	PAI Shelton Hatchery
Describe the function of satellite facility and how it relates to the facility for which this NOI is requesting NPDES coverage. Include the species raised and life stage for each facility that is part of the hatchery program.	
Fertilized eggs generated at the Site #2 brood stock facility will be transported to one of two existing, fully-permitted hatcheries owned by PAI in North Bend (King County) and Shelton (Mason County), WA. The eggs will hatch and grow to smolt size at the hatcheries, then be transported by truck back to Nespelem to stock PAI's three steelhead trout floating net pen operations on the upper Columbia River, within the boundaries of the Reservation of the Colville Confederated Tribes.	

Satellite Facility Physical Address

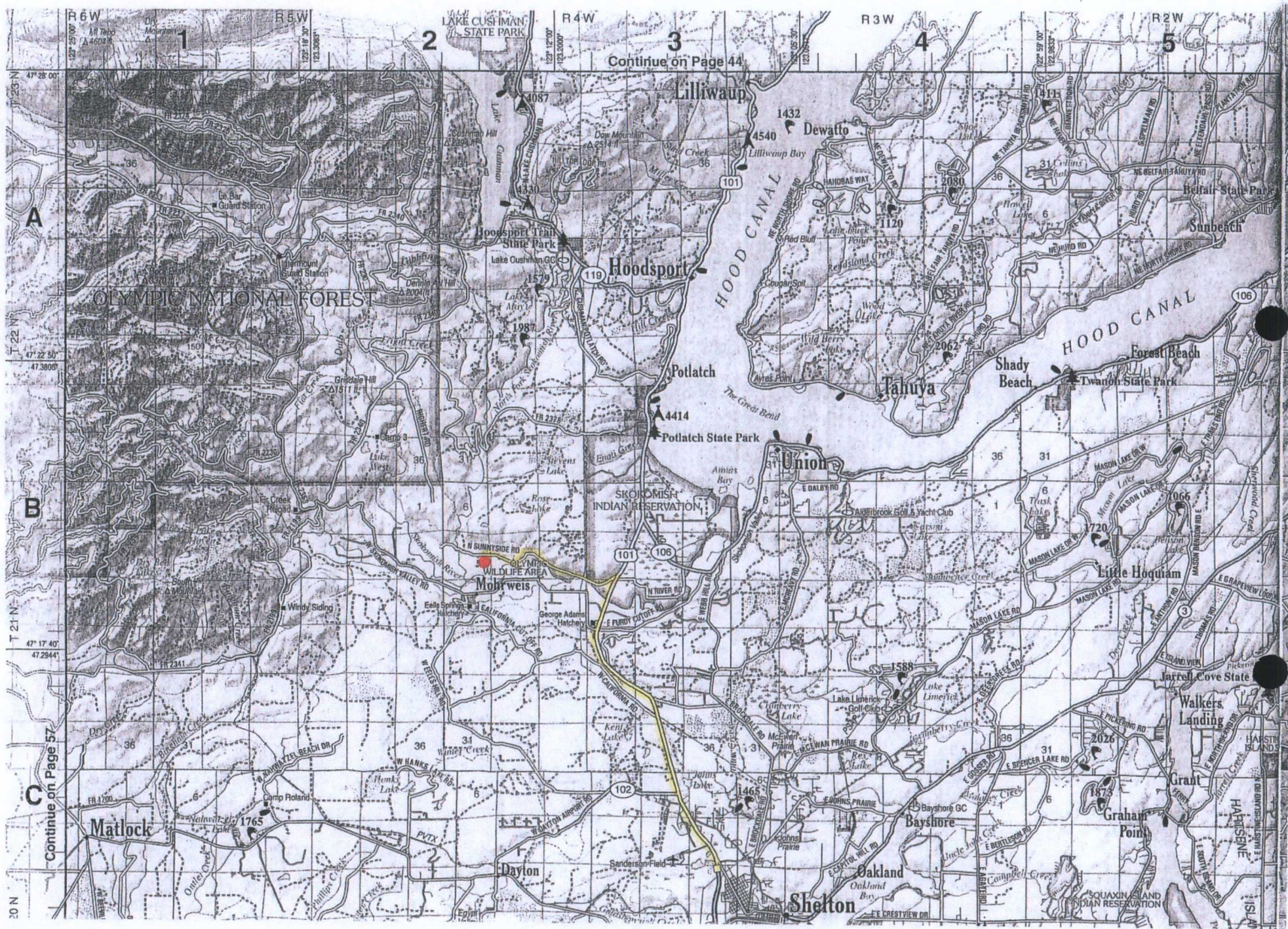
Line 1: PAI Shelton Hatchery		
Line 2: 2821 N. Sunnyside Road		
City: Shelton	State: WA	Zip: 98584
County/Reservation: Mason County		

Satellite Facility Operator Information

Agency/Tribe/Entity: Pacific Aquaculture, Inc.	Name of Facility Manager: Chris Smith, Resident Manager
Phone: 360.890.6018	
Email: ChSmith@pacseafood.com	

Satellite Facility Operator Mailing Address

Line 1: PAI Shelton Hatchery		
Line 2: 2821 N. Sunnyside Road		
City: Shelton	State: WA	Zip: 98584



Section 3. Operations and Production

Is the production system best described as:

☒ Flow through ☒ Recirculating ☐ Pond system ☐ Other _____

Does the facility operate year-round? ☒ Yes ☐ No

If not, please indicate which months the facility holds fish or eggs:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

List the species grown or held at your facility and estimate the annual production of each in gross harvestable weight. If fish are released rather than harvested, list the estimated weight at time of release. The estimate can be a range over the next 5 years, if appropriate.

Species	Fish Produced	Receiving Water to which Fish are Released	Month Released/Spawned
Steelhead trout		Average weight of brood stock under	
		20,000 pounds. Will not be released.	
		Eggs produced by brood stock will be	
		cultured to smolt size at off-site PAI	
		hatcheries, for release into PAI's	
		three existing net pen operations in	
		Rufus Woods Lk, upper Columbia R.	

Fill in the table below with the highest production numbers expected for the next 5 years. List the maximum amount of fish on-site and the maximum amount of food **per month** for the year of maximum production. For **new facilities**, provide information for the year of highest anticipated production within the next 5 years.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	new facility	no data yet	July		
February			August		
March			September		
April			October		
May			November	<20,000 lb	<5,000 lb
June			December		

From what year are these data? 2024 (projected)

Note: If you operate for 30 or more days per year and exceed the production (20,000 lbs) and feed thresholds (5,000 lbs of food during the month of maximum feeding) for even a brief period of time, your facility is required to apply for NPDES permit coverage.

Section 3. Operations and Production (cont'd)

Does this facility process fish for market at this location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are fish spawned on-site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No During which months are fish spawned on-site? Dec - March	
Describe wastes generated as a result of on-site spawning (e.g., blood, anesthetics, disinfectants, carcasses): Carcasses (a 3-year turn-over in brood stock is anticipated)	
Describe how spawning wastes are disposed of and to which outfall (if any): Spawning wastes will be disposed with mortalities from PAI's net pen operations at the same location. These are placed in tanker trucks and transported to a composting facility in Shelton (Mason County, WA), near an existing PAI hatchery.	

Provide the percentage of fish released from the facility <u>directly</u> to a lake, river, or other location.		
<input type="checkbox"/> Lake _____ % Approximate lbs fish: None Location/Receiving water name:	<input type="checkbox"/> River _____ % Approximate lbs fish: None Location/Receiving water name:	<input type="checkbox"/> Other _____ % Approximate lbs fish: None Location/Receiving water name:
Provide the percentage of fish <u>hailed off-site</u> to a lake, river, or other location.		
<input type="checkbox"/> Lake _____ % Approximate lbs fish: None Location/Receiving water name:	<input type="checkbox"/> River _____ % Approximate lbs fish: None Location/Receiving water name:	<input type="checkbox"/> Other _____ % Approximate lbs fish: None Location/Receiving water name:

Are fish held on-site for broodstock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Describe the species, where obtained, quantity, and where held (i.e., raceway or pond): PAI will raise the brood stock from eggs obtained from the company's Shelton Hatchery in Mason County, WA.

Section 4. Source Waters (Intakes)

Describe the facility's water sources. Attach additional pages as necessary.

Source No. 1	Source Water Name:	Max Flow	Min Flow	Avg Flow	Units (cfs or gpm)
	Groundwater well (to be drilled)	1,000	0	500	gpm
Source Water Treatment:					
Are solids removed from influent water? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:					
Source No. 2	Source Water Name:	Max Flow	Min Flow	Avg Flow	Units (cfs or gpm)
	Columbia River	2,000	0	500	gpm
Source Water Treatment:					
Are solids removed from influent water? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:					
Source No. 3	Source Water Name:	Max Flow	Min Flow	Avg Flow	Units (cfs or gpm)
Source Water Treatment:					
Are solids removed from influent water? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:					
Source No. 4	Source Water Name:	Max Flow	Min Flow	Avg Flow	Units (cfs or gpm)
Source Water Treatment:					
Are solids removed from influent water? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:					
Source No. 5	Source Water Name:	Max Flow	Min Flow	Avg Flow	Units (cfs or gpm)
Source Water Treatment:					
Are solids removed from influent water? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:					

Section 5. Receiving Waters

Do the receiving waters primarily consist of: ☒ Fresh water ☐ Salt/Brackish water ☐ Other (Describe below)

Notes:

- Indicate if a receiving water is listed as impaired, in accordance with Section 303(d) of the Clean Water Act.
- Indicate the pollutants for which the water body is impaired and any wasteload allocations that have been assigned to the facility.
- Indicate if the discharge is to waters in Indian Country located within one mile upstream of a waterbody listed as impaired.
- Refer to the 303(d) list of impaired waters at <http://www.ecy.wa.gov/programs/Wq/303d/index.html>.
- If there is an applicable Total Maximum Daily Load (TMDL) with a Wasteload Allocation assigned to the facility, include that information here.

Receiving Water			
Receiving Water	Pollutant for which impaired	Wasteload Allocations	TMDL document the WLA
Columbia River	Temperature	10-12° from well	yes
	Dissolved oxygen	85-90% of saturation	

Additional Notes:

Section 6. Wastewater

Wastewater Discharges						
Outfall	Location of Outfall				Notes: Include source (where in the facility the wastewater is generated), frequency, duration & volume (cfs or gpm) of discharge)	Name of Receiving Water
		Degrees	Minutes	Seconds		
001	Latitude	48	8	21N	Water containing anesthesia to treat brood stock for spawning will be discharged from totes to the on-site sewage disposal system drainfield.	N/A
	Longitude	119	3	19W		
002	Latitude				This activity will occur for approximately 30 days during the period Dec-March (likely in January), at a rate of approx.	
	Longitude					
003	Latitude				one-half of one tote (130 gallons) per day. The brood stock facility restroom to be used by 3 to 5 people/day, 5 days/week,	
	Longitude					
004	Latitude				will also discharge to the on-site sewage disposal system drainfield.	
	Longitude					
005	Latitude				Continuously recirculating water will flow through the tanks. This water will be aerated and passed through a biomedica	
	Longitude					
006	Latitude				filter, and through a drum filter to remove particulates. The recirculating water will be refreshed with new water from the well	
	Longitude					
007	Latitude				or river for cooling and to keep nitrates at a low level. Only overflow water will be returned to the Columbia River.	
	Longitude					
008	Latitude					
	Longitude					
009	Latitude					
	Longitude					
010	Latitude					
	Longitude					

Section 6. Wastewater (cont'd)

Indicate the type(s) of wastewater treatment provided at this facility.

In-line Settling Basin

Do any rearing units discharge through an in-line settling basin? ☐ Yes ☒ No

Describe in-line settling basin (length, volume, retention time, etc.): N/A

Which rearing units discharge to the in-line settling basin, and when?

N/A

Off-line Settling Basin

Does the facility use an off-line settling basin? ☐ Yes ☒ No Number of off-line settling basins:

Which rearing units discharge to the off-line settling basin, and when/under what circumstances?

Does the off-line settling basin discharge directly to surface water? ☐ Yes ☐ No

Describe:

Basin size:

Retention time:

Water volume of off-line settling basin:

Estimate the number of discharges from the off-line settling basin per year:

How often is the off-line settling basin cleaned/excavated?

If an off-line settling basin is used for cleaning wastes, is there a quiescent zone at the end of the last raceway or rearing pond in each series? ☐ Yes ☐ No

Describe:

Is there a mechanism to block discharges of floating material? ☐ Yes ☐ No

Describe:

Does the facility discharge to the ground? ☐ Yes ☐ No

Describe:

Does the facility have unlined structures? ☐ Yes ☐ No

Material:

Quantity:

Describe:

Section 6. Wastewater (cont'd)

Construction of Off-line Settling Basin (if known)	
Liner Material	Thickness
Concrete	Inches
Asphalt	Inches
Clay or earthen	Inches
Plastic PVC/HDPE/other Describe:	mils
Pond and Raceway Cleaning	
How frequently are the ponds and/or raceways cleaned (specify which)? Notes: Because water will flow continuously through the raceways (as described above), no cleaning procedure is anticipated.	
Methods of cleaning: <input type="checkbox"/> Vacuum <input type="checkbox"/> Manually <input checked="" type="checkbox"/> Other <u>Biomeida filter, drum filter to remove particulates.</u>	
What is done with the removed solids? Sludge will be removed and deposited in a tanker truck with mortalities from the net pen operation for transport to a composting facility.	
Are ponds cleaned prior to fish release? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any liquid or solid wastes discharged to the ground? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	
Are any wastes (other than domestic sewage) discharged to a septic system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: Water containing anesthesia to treat brood stock for spawning will be discharged from totes to the on-site sewage disposal system drainfield.	
Are any solids or wastes (other than domestic waste) discharged to a publicly owned treatment works? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, name of facility: Describe waste:	
Are wastes discharged to any other waste treatment system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	

Section 7. Solid Waste Disposal

Describe annual quantities of solids (including fish mortalities) disposed and location of disposal.

Type of Solid Disposed	Date Disposed	Location Disposed
Carcasses	N/A (new facility)	Composting facility in Shelton (Mason County, WA)
Sludge	N/A (new facility)	same as above
Notes:		

Section 8. Aquaculture Drugs and Chemicals

Please indicate which drugs or chemicals you plan to use at the facility during the next 5 years.

Plan to use in the next 5 years?	Investigational New Animal Drug (INAD)?	Drug or Chemical
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Azithromycin
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chloramine-T
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chlorine
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Draxxin
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Erythromycin - injectable
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Erythromycin - medicated feed
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Florfenicol (Aquaflor)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Formalin - 37% formaldehyde
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Herbicide - describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hormone - describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrogen Peroxide
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Iodine
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oxytetracycline
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Potassium Permanganate
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Romet
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	SLICE (emamectin benzoate)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sodium Chloride - salt
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vibrio vaccine
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: MS22 (to anesthetize brood stock for spawning)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

Section 9. Painted or Caulked Surfaces

Describe all painted and caulked surfaces that are in regular contact with water that is discharged to waters of the U.S.

Location of such surfaces should appear in the drawing required as part of the checklist on page 1.

Type of Paint/Caulk	Where applied (including area)	Amount applied	Date applied	Reason for application
N/A				
Notes:				


Section 10. Other Information/Changes

Describe any changes to the facility or operations since the last permit application. Disregard this section if this is a new or proposed facility.

N/A (new facility)

Section 11. Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed name of person signing	Title
John Bielka	General Manager
Applicant Signature 	PAI General Manager
Date Signed	July 8/18

All permit applications must be signed as follows:

- For a corporation: by a responsible corporate officer.
- For a partnership or sole proprietorship: by a general partner or the proprietor, respectively.
- For a municipality, state, federal, Indian tribe, or other public agency: by either a principal executive officer or ranking elected official.

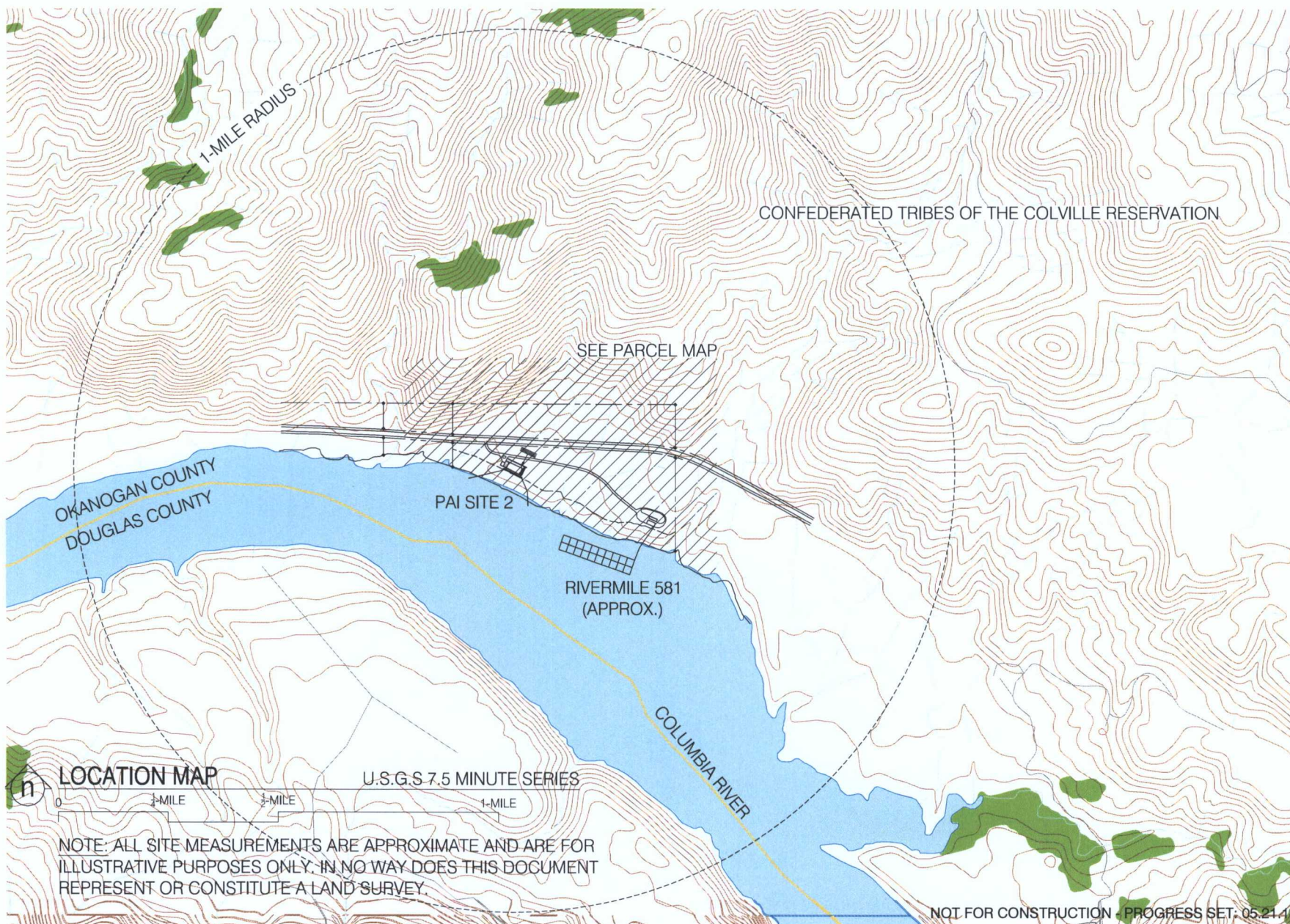
Section 12. Submittal Information

Send the complete, signed information, along with required attachments, to the following address:

U.S. EPA Region 10, OWW-191
Washington Hatchery NOI
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140

Pacific Aquaculture, Inc.
Proposed Rufus Woods Lake Brood Stock Facility
Area Map and Site Plan

An Upland Facility
Proposed to comply with NPDES General Permit No. WAG130000,
adjacent to PAI Net Pen Aquaculture Site #2
that operates under WA0026328



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#	REVISIONS DESCRIPTION	DATE

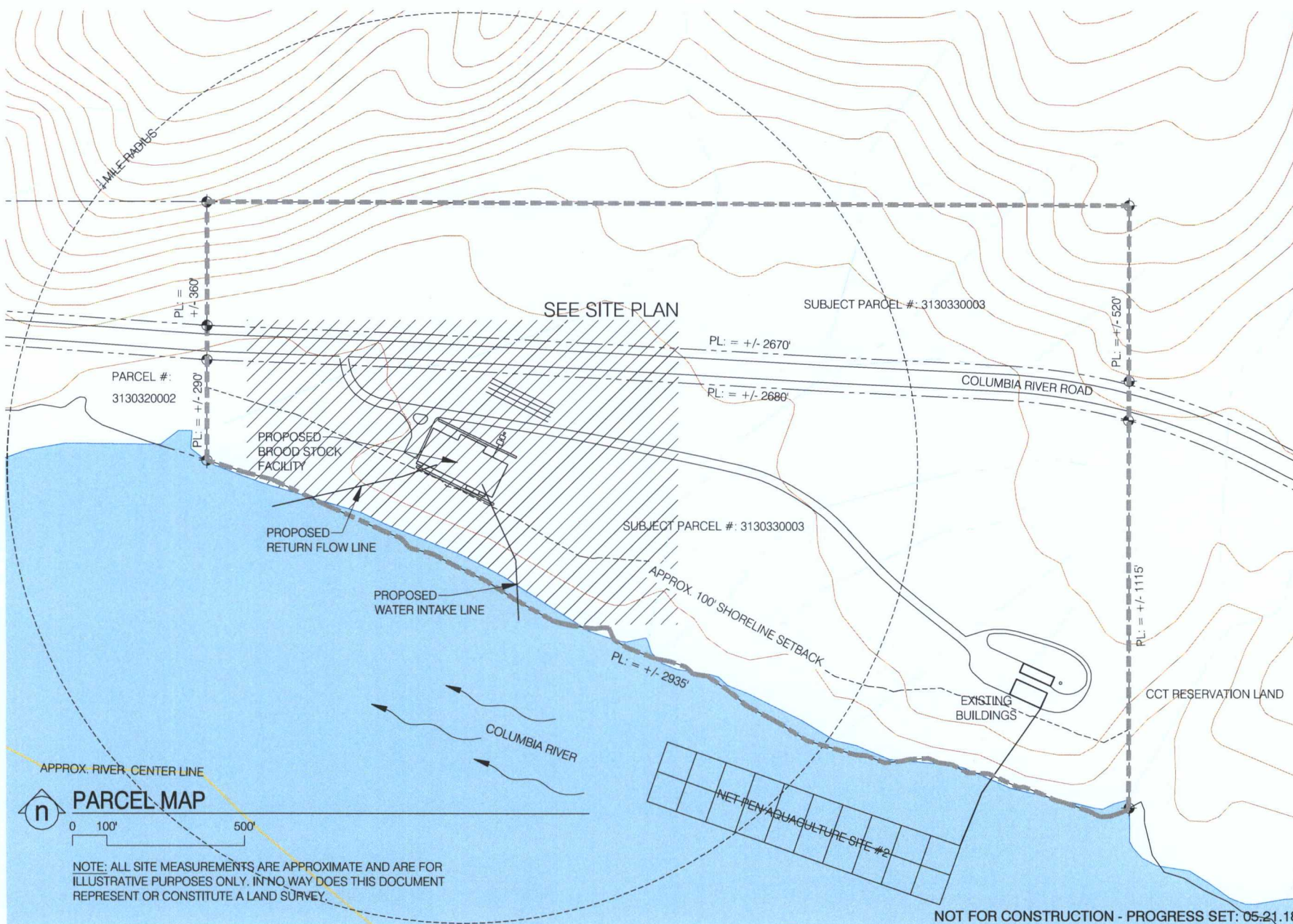
PROJECT:
PACIFIC AQUACULTURE
COLUMBIA RIVER ROAD
NESPHELM, WA 99155
LOCATION MAP - SITE 2

PROJ. #
DRAWN:
CHECKED:
DATE:

15.000
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A1.1

LOCATION MAP - SITE 2



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#	REVISIONS	DATE
	DESCRIPTION	

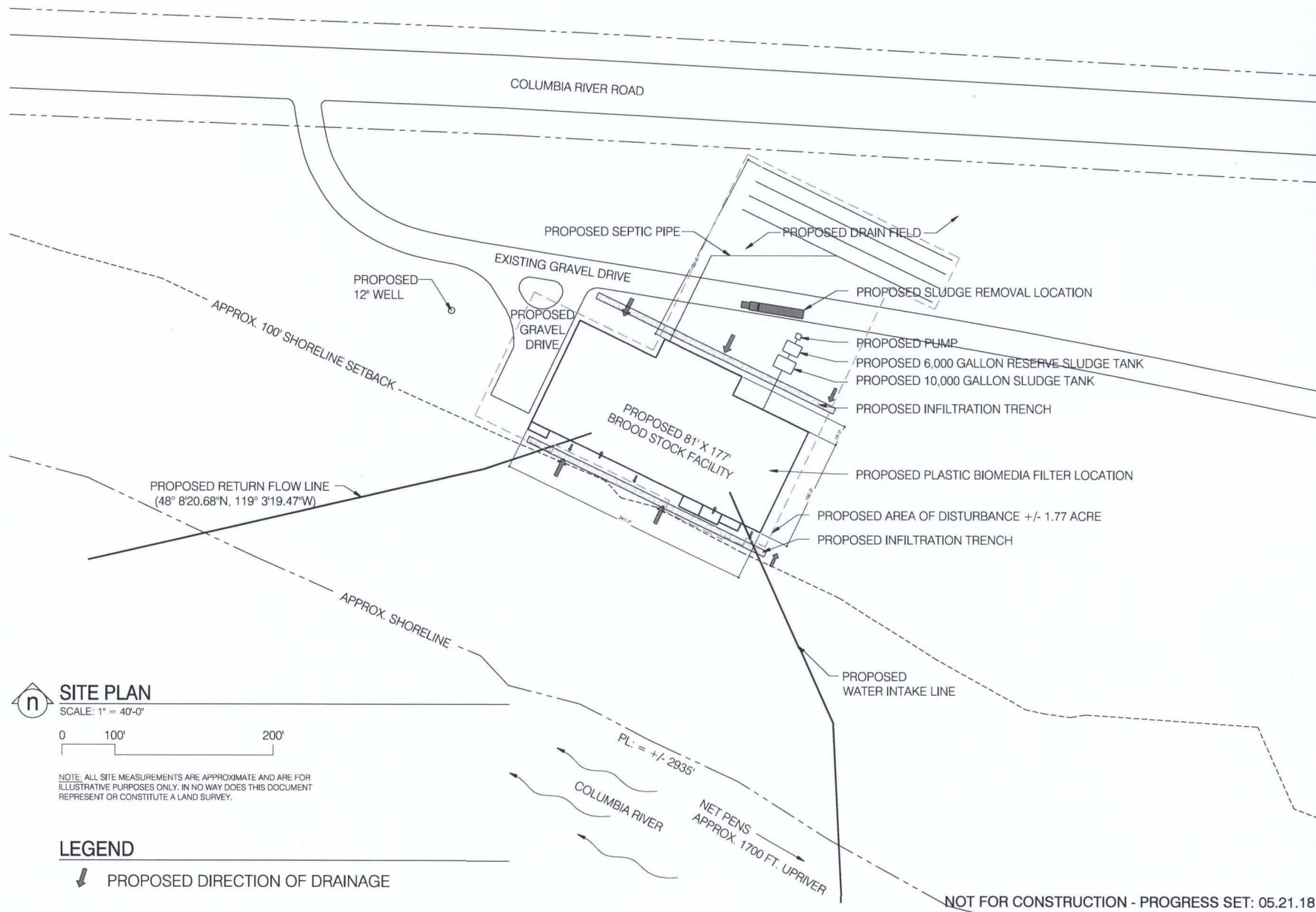
PACIFIC AQUACULTURE
COLUMBIA RIVER ROAD
NESPHEM, WA 99155
PARCEL MAP - SITE 2

PROJECT:
PROJ. #
DRAWN:
CHECKED:
DATE:

A1.2

PARCEL MAP - SITE 2

NOT FOR CONSTRUCTION - PROGRESS SET: 05.21.18



SITE PLAN

SCALE: 1" = 40'-0"



NOTE: ALL SITE MEASUREMENTS ARE APPROXIMATE AND ARE FOR ILLUSTRATIVE PURPOSES ONLY. IN NO WAY DOES THIS DOCUMENT REPRESENT OR CONSTITUTE A LAND SURVEY.

LEGEND



PROPOSED DIRECTION OF DRAINAGE

REVISIONS	DESCRIPTION	DATE

PROJECT:
PACIFIC AQUACULTURE
 COLUMBIA RIVER ROAD
 NESPELEM, WA 99155
 BROODSTOCK FACILITY - SITE 2

PROJ. #	15-002
DRAWN	MM
CHECKED	
DATE	

A1.3

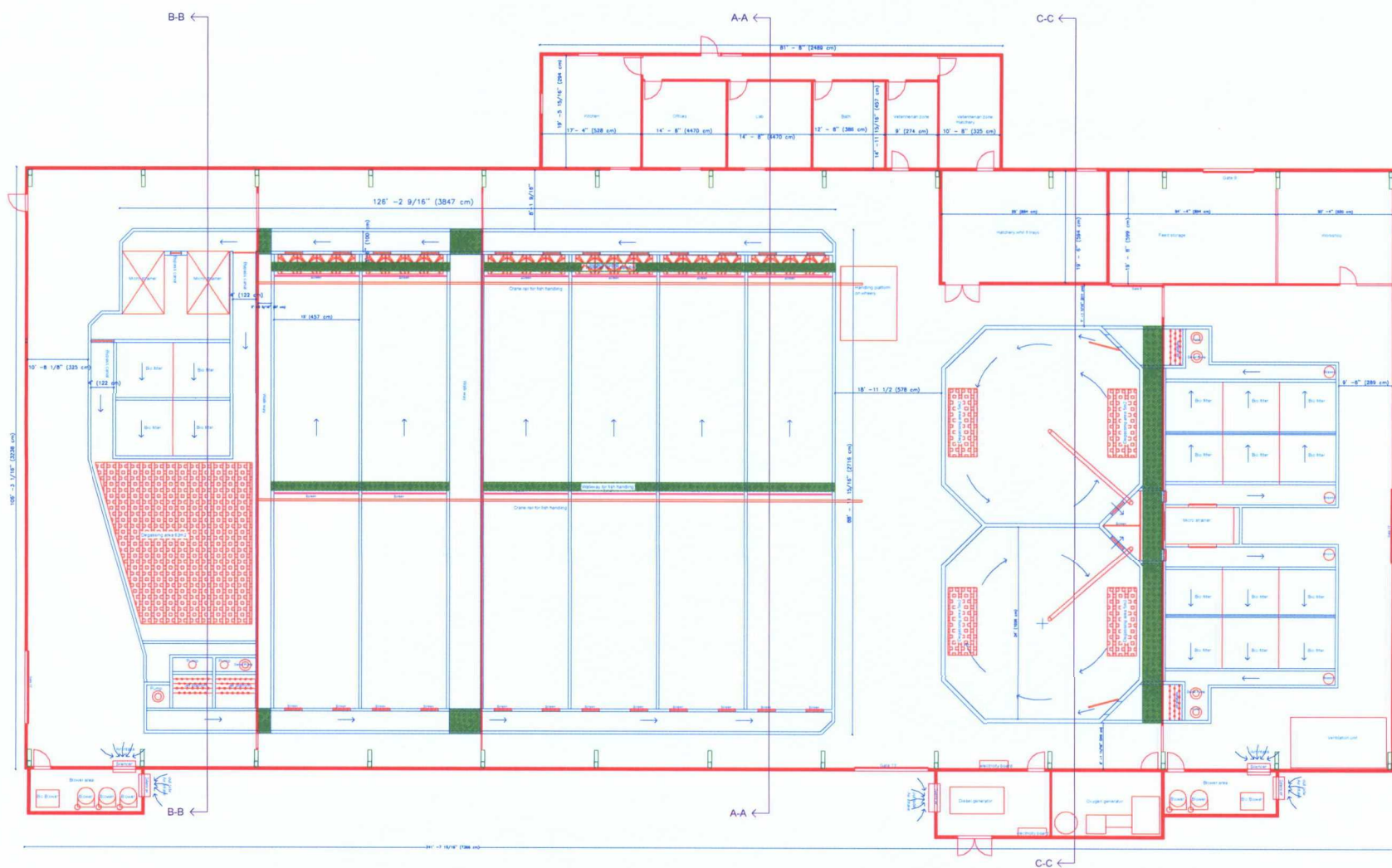
SITE PLAN - SITE 2

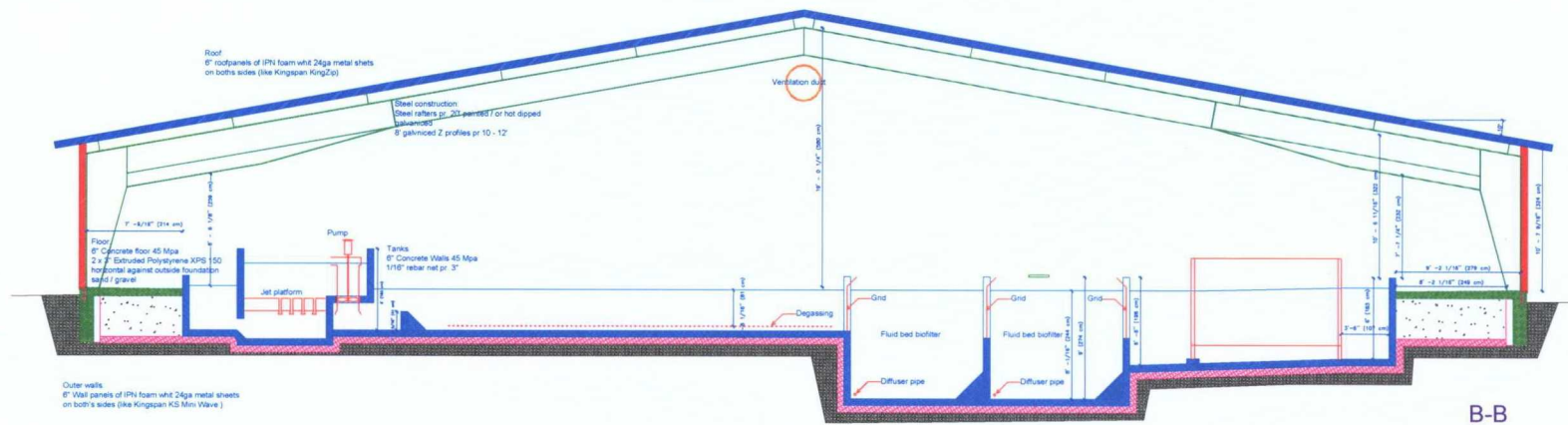
NOT FOR CONSTRUCTION - PROGRESS SET: 05.21.18

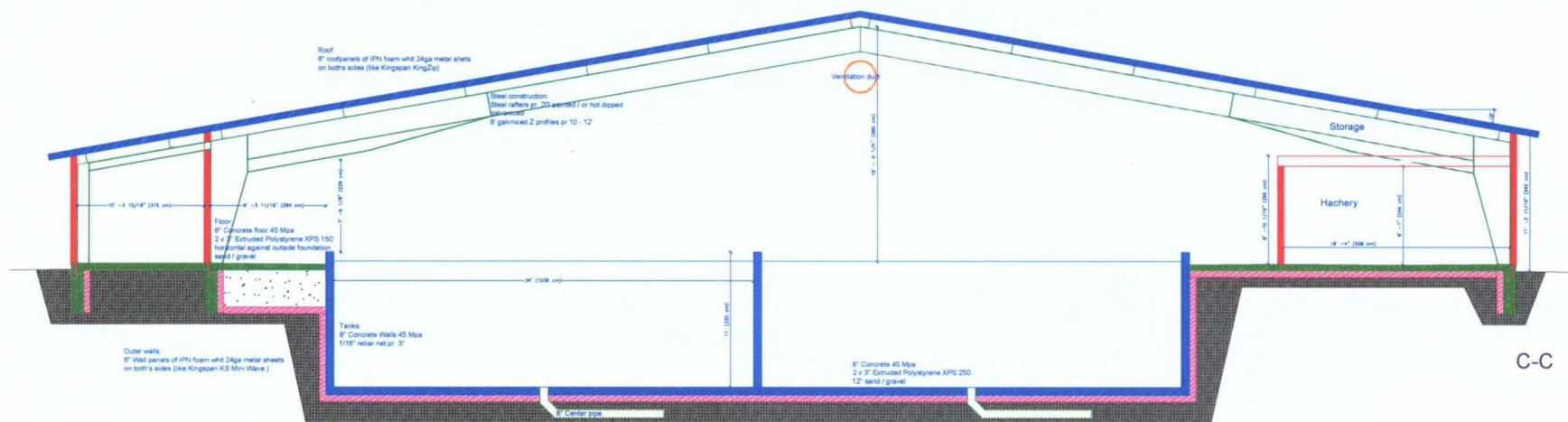
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Pacific Aquaculture, Inc.
Proposed Rufus Woods Lake Brood Stock Facility
Floor Plan and Elevations

An Upland Facility
Proposed to comply with NPDES General Permit No. WAG130000,
adjacent to PAI Net Pen Aquaculture Site #2
that operates under WA0026328









UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10

1200 Sixth Avenue, Suite 155
Seattle, WA 98101-3140

OFFICE OF
WATER AND WATERSHEDS

JUL 25 2018

Reply to Attn of: OWW-191

Mr. John Bielka, General Manager
Pacific Aquaculture, Inc.
3378 Columbia River Road
Nespelem, WA 99155

Re: Notice of Intent (NOI) for Renewal of Coverage under the National Pollutant Discharge Elimination System (NPDES) General Permit for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington (WAG130000)
Rufus Woods Lake Brood Stock, Columbia River, Facility No. WAG130027

Dear Mr. Bielka:

Thank you for the NPDES NOI materials referenced above, which the U.S. Environmental Protection Agency received on July 9, 2018. This is a new NOI, and the coverage number above has been assigned to your facility. Please refer to this number in future correspondence.

According to the General Permit Part I, page 5, new dischargers shall submit an initial Notice of Intent, "at least 180 days before initiation of discharge." According to 40 C.F.R. § 122.28(b), a complete and timely NOI, to be covered in accordance with general permit requirements, fulfills the requirements for permit application for purposes of 40 C.F.R. §§ 122.6, 122.21 and 122.26. The EPA received your NOI on July 9, 2018, which was at least 180 days prior to your estimated date of March 1, 2019 for construction completion; therefore, the NOI for renewal of coverage is timely.

An NOI submitted to the EPA for coverage under a general NPDES permit is complete when the Director receives the NOI and any supplemental information which is completed to his or her satisfaction under 40 C.F.R. § 122.28. **We have completed our review of the NOI and have determined that it was complete as of July 9, 2018.**

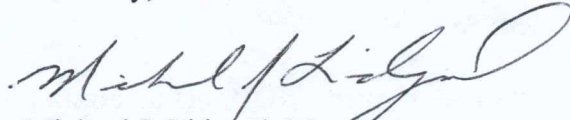
Under the General Permit, Part II, this letter represents your authorization to discharge on March 1, 2019, provided construction is complete. As you are probably aware, this authorization to discharge triggers requirements to provide written notice to the EPA that a Quality Assurance Plan has been developed and implemented, and to EPA that a Best Management Practices Plan has been developed and implemented. Each notification must be submitted within 90 days of the date of this letter.

IGIS
7/31/18
Jm

Along with other applicable monitoring and reporting requirements, please note that because your facility discharges to a region of the Columbia River impaired for Temperature, you also must comply with the Temperature monitoring requirements of the General Permit Part IV.B.2.,

Please advise the EPA of any developments that may delay construction completion beyond March 1, 2019. Please note that the EPA may request additional information during the development of coverage requirements to clarify, modify, or supplement previously submitted material. If you have any questions, please contact Amanda Miller at (206) 553-0684 or miller.amanda@epa.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "Michael J. Lidgard", written in a cursive style.

Michael J. Lidgard, Manager
NPDES Permits Unit

cc: Mr. Bill Clark, Site Manager, Rufus Woods Lake Brood Stock Facility